

FILED 10 JAN '20 16:26 USDC-ORE

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the

District of _____

Eugene Division

Case No. 6:20-CV-64-AA

(to be filled in by the Clerk's Office)

KATIE KUONEN & JEFF L. COOPER

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☐ Yes ☐ No

-v-

TEXAS DEPT OF STATE HEALTH SERVICES, VITAL STATISTICS LOREDO CITY VITAL STATISTICS

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>KATIE KUONEN & JEFF L. COOPER</u>
Street Address	<u>1310 ORCHARD HEIGHTS RD NW</u>
City and County	<u>SALEM</u>
State and Zip Code	<u>OREGON, 97304</u>
Telephone Number	_____
E-mail Address	<u>KUONENK@YAHOO.COM</u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

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Defendant No. 1

Name TEXAS DEPT. OF STATE HEALTH SERVICES
 Job or Title (if known) VITAL STATISTICS SECTION
 Street Address 1100 W. 49TH ST
 City and County AUSTIN
 State and Zip Code TEXAS 78756
 Telephone Number 1-888-963-7111 x7399
 E-mail Address (if known) janell.burks@dshs.texas.gov

Defendant No. 2

Name LAREDO CITY VITAL STATISTICS
 Job or Title (if known)
 Street Address 2600 CEDAR AVE.
 City and County LAREDO, WEBB COUNTY
 State and Zip Code TEXAS 78040
 Telephone Number 956-795-4929
 E-mail Address (if known) janell.burks@dshs.texas.gov

Defendant No. 3

Name
 Job or Title (if known)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address (if known)

Defendant No. 4

Name
 Job or Title (if known)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address (if known)

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal question

☒ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

CIVIL RIGHTS ACT
13th, 14th, 15th Amendments, U.S. CONSTITUTION
INDIAN CITIZENSHIP ACT OF 1924, VOTING RIGHTS ACT OF 1965

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) KATIE KOPONEN, is a citizen of the
State of (name) OREGON.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated
under the laws of the State of (name) _____,
and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, (name) _____, is a citizen of
the State of (name) _____. Or is a citizen of
(foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.

Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

AFTER YEARS OF WORKING WITH THESE TEXAS AGENCIES TO GET A VALID BIRTH CERTIFICATE FOR PLAINTIFF KONOMEN'S FATHER, THE AGENCIES REFUSE TO PROVIDE PLAINTIFFS WITH ONE. PLAINTIFF DID SEND TEXAS THE SOLE COPY OF SAID CERTIFICATE SHE HAD. THE AGENCIES REFUSE TO RETURN THAT INACCURATE COPY. THE DEFENDANTS DID SEND AN INCOMPLETE VERSION WITHOUT ANY PARENTS LISTED

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

PRODUCTION OF THE SOUGHT ACCURATE BIRTH CERTIFICATE AND AN OFFICIAL LETTER IF THE ORIGINAL WAS DESTROYED TO BE SENT TO PLAINTIFFS

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: _____

Signature of Plaintiff _____

Printed Name of Plaintiff _____

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Street Address _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____